Please acknowledge receipt of the attached Transmittal (PTO/SB/21), Supplemental Information Disclosure Statement (**in duplicate**); one (1) page of Form PTO/SB/08A; copy of the reference cited thereon (1 Reference)Fee Transmittal (PTO/SB/17) and check in the amount of $180.00 to cover the filing fee; by affixing hereon the Patent Office date stamp and returning this card to our office.

In re application of: DANIEL R. KURZ
Entitled: INTRAVASCULAR DEVICE PUSH WIRE DELIVERY SYSTEM
Appln. No. 09/625,627
Filed: July 25, 2000
Date Mailed: February 12, 2001
Client ID/Dkt. No. MICRU-55322
JWP:mv
197239

Please acknowledge receipt of the attached Transmittal (PTO/SB/21), Supplemental Information Disclosure Statement (**in duplicate**); one (1) page of Form PTO/SB/08A; copy of the reference cited thereon (1 Reference)Fee Transmittal (PTO/SB/17) and check in the amount of $180.00 to cover the filing fee; by affixing hereon the Patent Office date stamp and returning this card to our office.

In re application of: DANIEL R. KURZ
Entitled: INTRAVASCULAR DEVICE PUSH WIRE DELIVERY SYSTEM
Appln. No. 09/625,627
Filed: July 25, 2000
Date Mailed: February 12, 2001
Client ID/Dkt. No. MICRU-55322
JWP:mv
197239

OIPE
JC144
FEB 16 2001
PATENT & TRADEMARK OFFICE

Please type a plus sign (+) inside this box → [+]

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/625,627
Filing Date	July 25, 2000
First Named Inventor	Daniel R. Kurz
Group Art Unit	3731
Examiner Name	W. Lewis
Attorney Docket Number	MICRU:55322

Total Number of Pages in This Submission: 9

ENCLOSURES *(check all that apply)*

- [x] Fee Transmittal Form
  - [ ] Fee Attached
- [ ] Amendment / Reply
  - [ ] After Final
  - [ ] Affidavits/declaration(s)
- [ ] Extension of Time Request
- [ ] Express Abandonment Request
- [x] Information Disclosure Statement
- [ ] Certified Copy of Priority Document(s)
- [ ] Response to Missing Parts/ Incomplete Application
  - [ ] Response to Missing Parts under 37 CFR 1.52 or 1.53
- [ ] Assignment Papers *(for an Application)*
- [ ] Drawing(s)
- [ ] Licensing-related Papers
- [ ] Petition
- [ ] Petition to Convert to a Provisional Application
- [ ] Power of Attorney, Revocation Change of Correspondence Address
- [ ] Terminal Disclaimer
- [ ] Request for Refund
- [ ] CD, Number of CD(s) ______
- [ ] After Allowance Communication to Group
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to Group (*Appeal Notice, Brief, Reply Brief*)
- [ ] Proprietary Information
- [ ] Status Letter
- [ ] Other Enclosure(s) *(please identify below)*:
  Reference
  Return Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm *or* Individual name	FULWIDER PATTON LEE & UTECHT
Signature	
Date	February 12, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Feb. 12, 2001

Typed or printed name	James W. Paul		
Signature		Date	February 12, 2001

PATENT
Atty. Docket No. MICRU-55322

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Examiner: W. Lewis
DANIEL R. KURZ	Group Art Unit 3731
Serial No. 09/625,627	**CERTIFICATE OF MAILING**
Filed: July 25, 2000	I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with sufficient postage as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231 on February 12, 2001.
For: INTRAVASCULAR DEVICE PUSH WIRE DELIVERY SYSTEM	
Date: February 12, 2001	James W. Paul, Reg. No. 29,967 Attorney for Applicant

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
Washington, D.C. 20231

Sir:

The information listed on the attached PTO/SB/08A has come to the attention of the applicant and is submitted to the Office under 35 U.S.C. §§ 1.97 and 1.98. A copy of the reference listed is enclosed for the Examiner's consideration.

The Examiner is respectfully requested to consider and cite the enclosed reference as well as the earlier identified references in the prior Information Disclosure Statements.

Our check in the amount of $180.00 is enclosed for the government filing fee. Please charge any deficiency in the fee or credit any overpayment to our Deposit Account No. 06-2425. A **duplicate** of this document is enclosed.

Respectfully submitted,

FULWIDER PATTON LEE & UTECHT, LLP

By ______________________

James W. Paul, Reg. No. 29,967

JWP:mv
Enc.: Form PTO-SB-08A
1 Cited Prior Art Reference

Howard Hughes Center
6060 Center Drive, Tenth Floor
Los Angeles, California 90045
Tel. No. (310) 824-5555
FAX No. (310) 824-9696

PTO/SB/08A (10-96)
Approved for use through 10/31/99. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet	1	of	1

Complete if Known	
Application Number	09/625,627
Filing Date	July 25, 2000
First Named Inventor	Daniel R. Kurz
Group Art Unit	3731
Examiner Name	
Attorney Docket Number	MICRU-55322

U.S. PATENT DOCUMENTS

Examiner Initials	Cite No.	U.S. Patent Document No. Number	Kind Code (if Known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS

Examiner Initials	Cite No.	Foreign Patent Document Office	Number	Kind Code (if Known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T
		RETRIEVABLE GIANTURCO-COIL INTRODUCER, By Jeffrey Hawkins, Ronald G. Quisling, MD, J. Parker Mickle, MD an Irvin F. Hawkins, MD (Radiology 1986) From the Depts. Of Radiology and Neurosurgery, University of Florida Medical Center and Hawk Prototype Equipment, Gainesville, FL	

Examiner Signature		Date Considered	

197234.1

Discussion

A technique for arterial embolectomy using a balloon embolectomy catheter was first introduced in 1963 (1), and this technique has become recognized as the primary treatment for recent emboli in the lower extremities. We recommend the percutaneous use of this technique as an alternative to thrombolytic therapy (2, 3), catheter aspiration techniques (2, 4), or surgical embolectomy when PTA is complicated by embolism. The risk of subintimal passage of a balloon catheter in a recently dilated artery was thought to be reduced using this technique with physiologic arterial pressure distending the vessel; during these procedures there was no resistance to antegrade passage of the embolectomy catheters. Care was taken not to overdistend the balloon in the recently dilated arterial segment when retrieving the emboli. A ..ge arterial sheath (9 F) was used to accept the emboli and inflated balloon. Since these procedures were performed, we have used an open-ended sheath with a Y-shaped rotating hemostatic valve (Advanced Cardiovascular Systems, Mountain View, Calif.) to retrieve emboli without having to cut and replace the sheath. Embolectomy should be more effective than thrombolytic therapy when PTA is complicated by atheroemboli on which thrombosis forms. Fogarty embolectomy catheters are frequently used without fluoroscopy during surgery. However, the tips of these catheters can be seen with fluoroscopy, and they are used more efficiently with fluoroscopy and arteriography. Dilated superficial femoral arteries were widely patent by arteriography at the end of the embolectomy procedures, although the potential adverse effects of balloon embolectomy on long-term patency of recently dilated arteries is unknown. We do not recommend the percutaneous use of balloon embolectomy catheters in situations where standard surgical embolectomy and/or vascular reconstruction is established treatment. ■

References

1. Fogarty TJ, Cranley JJ, Krause RJ, Strasser ES, Hafner CD. A method of extraction of arterial emboli and thrombi. Surg Gynecol Obstet 1963; 116:241-244.
2. Horvath L, Illes I, Varro J. Complication of the transluminal angioplasty excluding the puncture site complications. In: Zeitler E, Gruntzig A, Schoop W, eds. Percutaneous vascular recanalization. New York: Springer, 1978; 126-139.
3. Katzen BT, van Breda A. Low dose streptokinase in the treatment of arterial occlusions. AJR 1981; 136:1171-1178.
4. Sniderman KW, Bodner L, Saddekni S, Sru M, Sos TA. Percutaneous embolectomy by transcatheter aspiration. Radiology 1984; 150:357-361.

Retrievable Gianturco-Coil Introducer[1]

Jeffrey Hawkins
Ronald G. Quisling, MD
J. Parker Mickle, MD
Irvin F. Hawkins, MD

A new delivery system for placement of Gianturco coils has been devised that permits retrieval of the coil if malposition occurs. The delivery system itself consists of a very fine coaxial cannula that will cut the monofilament once the coil is properly placed. It has been successfully used on three patients in whom a total of 48 coils were employed to occlude great vein of Galen aneurysms. The system is applicable for routine coil embolization but has particular application in treating high-flow vascular lesions (arteriovenous fistulas or malformations).

Index terms: Arteries, therapeutic blockade • Veins, Galen, 1765.73 • Veins, therapeutic blockade

Radiology 1986; 158:262-264

TREATMENT of high-flow arteriovenous fistulas requires tailoring of the methods to fit the characteristics of the target. Use of intravascular steel-Dacron coils has become accepted practice for many lesions (1-4). Treatment of high-flow fistulas associated with a vein of Galen aneurysm has proved especially difficult both for interventional neuroradiographic techniques and for direct surgical excision. To approach such lesions from the venous side of the fistula, a specialized introducer was needed that would allow the operator to retrieve the embolized coil if it could not be positioned optimally within an aneurysm in the vein of Galen. This particular application spurred the development of this coil-introducing system. It should be stressed that this procedure is still in the early stages of investigation. The risks inherent in the transtorcular treatment of high-flow fistulas are as yet unknown since this approach has been used in only a few patients. Venous occlusion of other high-flow states such as carotid-cavernous fistulas, however, has been highly successful without producing significant morbidity.

Materials and Methods

Technical description.—This device uses a 16-cm-long intravascular embolization steel coil of the Gianturco type (Cook Inc., Bloomington, Ind.) loaded within a 20-cm metal sheath. Fitting inside the coil loader is a specialized coaxial introducer system composed of a 25-gauge inner cannula to which is added a distal cutting block. Fitting around this is a 21-gauge outer cannula, the distal margin of which has cutting capability. A monofilament (4-lb test, 0.008 inch) passes through the inner cannula exiting via a side hole located just proximal to the cutting block. The monofilament is attached to the Gianturco coil. Retraction of this monofilament allows an already extruded coil to be returned to the sheath and ultimately to the loading cannula from which it can easily be repositioned or removed.

Technique.—A percutaneous puncture of a vessel is made, and a guide wire is positioned at the target. A 6.5-F polyethylene sheath catheter is placed over the guide wire and positioned optimally for embolization. The introducer system is passed through a Touhy-Borst adaptor. The coil-loading portion of the cannula stops in the hub of the catheter. The thinner metal coaxial cannulas, which contain the monofilament attached to the coil, are then pushed inward forcing the coil out of the embolization catheter and into the target. The embolization catheter should always be advanced as closely as possible to the target site. If the embolized coil moves away from the target or into an inappropriate position, retraction of the monofilament results in return of the coil to the catheter sheath. When the coil is correctly placed, the outer cannula is unlocked and rotated, which results in its moving forward and transecting the monofilament. The entire introducer system is then removed,

[1] From the Departments of Radiology (R.G.Q., I.H.) and Neurosurgery (J.P.M.), University of Florida Medical Center and Hawk Prototype Equipment (J.H.), Gainesville, Fla. Received February 14, 1985; accepted and revision requested April 9; revision received May 10. Address reprint requests to R.G.Q., Department of Radiology, Box J-374 JHMHC, Gainesville, FL 32610

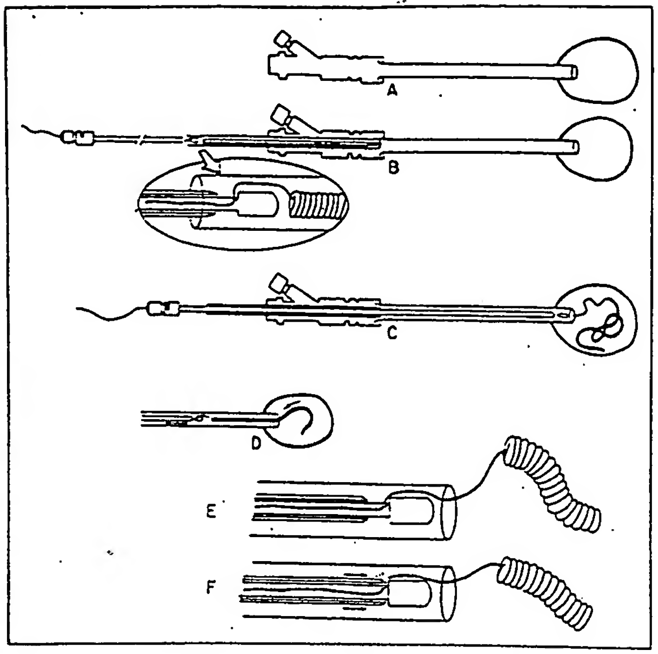


Figure 1. Embolization procedure. (A) The polyethylene embolization catheter is fluoroscopically directed into the target (circle). It has a Touhy-Borst adapter proximally to minimize blood loss during the procedure. (B) The Gianturco-coil loader is first introduced into the embolization catheter and then advanced toward the target using the coaxial metal cannulas containing the monofilament. The insert demonstrates the relationship of the monofilament to the inner cannula, which has the cutting block attached, and the outer cannula with its distal cutting edge. The monofilament attaches to the posterior aspect of the Gianturco coil. (C) The coaxial catheter is used to push the coil out of the catheter into the target. (D) If the coil position is unsatisfactory, it can be returned by retraction of the monofilament. (E) If the coil position is satisfactory, the outer sleeve of the coaxial metal cannula is slipped over the inner sleeve until its cutting edge engages the cutting block. (F) A twisting motion is then made to cut the monofilament. After the monofilament is detached, the entire coaxial system is removed, and the next wire can be introduced through the embolization catheter, which has remained in place.

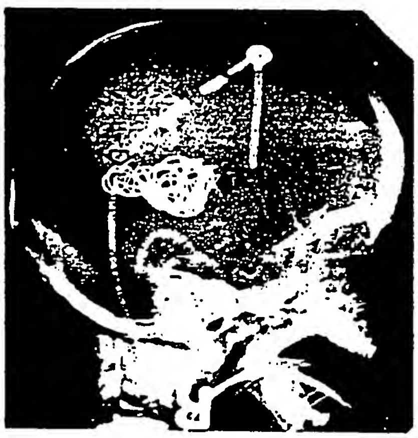


Figure 2. Lateral skull radiograph illustrates the postembolic state after modified Gianturco coils were deposited via a percutaneous approach into a vein of Galen aneurysm. Following percutaneous catheterization of the superior sagittal sinus, the outer catheter was manipulated into the straight sinus and subsequently into the vein of Galen. Embolization wires were introduced into the lumen of the vein of Galen aneurysm (solid arrow) and proximal straight sinus (open arrow) until a reduction in venous pressure was noted at the puncture site in the superior sagittal sinus. Prior to embolization, this patient had a thorough evaluation of the flow dynamics and morphologic features of this lesion with computed tomography and angiography. A return to more normal cerebral blood flow was documented by Doppler ultrasound studies of the deep jugular venous system. Following coil embolization, significant improvement was noted in the patient's clinical status.

leaving the embolization catheter in place (Fig. 1). Another coil can then be introduced depending on the change in vascular dynamics. After each wire was correctly positioned and detached, the natural tendency of the wires to expand provided the means to ensure that the coil would remain applied against the wall of the aneurysm. Since the aneurysms were larger in cross-sectional diameter than the straight sinus, there was no observed movement of the coils from the target to the straight sinus or torcula. In addition, the wires became entangled as more were introduced (Fig. 2). Eventually a wire mesh was created. These two factors ensured that the embolic wires would stay in the target and not undergo distal migration. As the embolization procedure continued, the distention of the exposed torcula was observed to decrease. This provided a direct means of monitoring the course and success of the procedure.

Table 1
Coil Deposition Staging

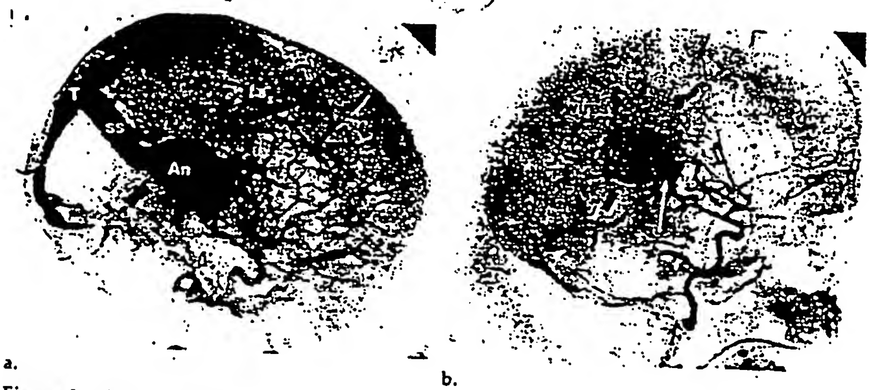
Patient No.	No. First Stage	No. Second Stage	Total
1	4	12	16
2	5	12	17
3	6	8	14

Results

A total of 48 coils were embolized successfully in three patients. The procedure was staged in all three cases. The distribution of coils is presented in Table 1. An initial embolization with approximately eight coils was used followed by additional embolization within 1 week for the remainder of the coils. During the embolizations, five coils were misdirected, entering thalamoperforating arteries. In each instance they were easily retrieved and subsequently repositioned before being detached. The monofilament was easily transected without dislodging the coil in all instances. Only minimal blood loss occurred during insertion of the coils. The coils either reduced flow or totally occluded the aneurysms in all three cases. Clinical details will be included in a subsequent publication.

Discussion

Certain high-flow vascular lesions, such as vein of Galen aneurysms, have proved to be particularly difficult to treat by either direct surgical approach or by interventional neuroradiographic means. Stainless steel coils and baffles have been used to control blood flow in a variety of other lesions, both in clinical practice and under experimental conditions (2–4). There is always the danger of coils passing through a high-flow fistula and embolizing the pulmonary circulation (5). To detect inadvertent migration of embolized wires prior to their release, a specialized introducer system was devised that maintains continuity with an embolized coil via a nylon monofilament. In the three clinical cases, migration of the coils into the confluence of venous sinuses (torcula) could have acutely raised intracranial pressure. The use of this system ensured stability of the coil prior to severing the monofilament and thereby avoided coil movement into the torcula. This device allowed assessment of the status of the coil within the embolization target prior to irrevocable release. It is also extremely important to detach the monofilament without moving the coil. The present system transects the monofilament without retract-



a. b.

Figure 3. (a) Preembolization lateral projection carotid angiogram demonstrates filling of the vein of Galen aneurysm (*An*), as well as ectasia of the straight sinus (*ss*) and a high position of the torcula herophile (*T*). The arteriovenous malformation associated with the venous abnormality is imaged as the capillary tangle of vessels surrounding the anteroinferior aspect of the vein of Galen aneurysm. (b) Postembolization lateral projection carotid angiogram obtained 3 months after embolic treatment with this Gianturco-coil introducing system demonstrates no filling of the vein of Galen aneurysm or straight sinus. A small residual vascular malformation persists (arrow), which subsequently fills into choroidal veins. A substantial portion of the vascular malformation, as well as the vein of Galen aneurysm, has been eradicated by the coil embolization. The mass of wires is apparent within the vein of Galen and proximal straight sinus region (compare with a).

ing it, thereby preventing positional changes of the coil within the target or precipitating migration from the nontarget area. The present system is moderately flexible with an ability to negotiate an approximately 90° turn within the outer embolization catheter. Clinical use to date has not required significant bending of the cannulas. For general vascular embolization, however, a more flexible system may be required. Presently, the same principle is being adapted to a guide wire system that will be as flexible as a standard 0.035 guide wire.

It should be noted that a transtorcular approach to such high-flow fistulas has not been considered a feasible alternative. However, use of vascular balloon catheters for high-flow fistulas such as carotid-cavernous fistulas has proved to be highly successful. In this instance, the balloon occludes a major dural sinus. The chronic nature of such a high-flow state alters the dependence of the cranial circulation to that particular route. This has become evident with the extensive intraarterial balloon occlusion work (6). The transtorcular venous catheterization and embolization for vein of Galen fistulas were carefully monitored during the procedure for venous pressure and clinical status. Additionally, the procedure was staged into two parts (Fig. 3). Partial occlusion was achieved first, and the subsequent embolization was used for final completion of the venous occlusion. Blood flow was monitored after each procedure and in the subsequent follow-up period by Doppler ultrasound. ■

References

1. Anderson JH, Wallace S, Gianturco C, Gerson LP. "Mini" Gianturco stainless steel coils for transcatheter vascular occlusion. Radiology 1979; 132:301-303.
2. Chuang VP, Szwarc IA. Coil baffle in the experimental occlusion of large vascular structures. Radiology 1982; 143:25-28.
3. Gianturco C, Anderson JH, Wallace S. Mechanical devices for arterial occlusion. AJR 1975; 124:428.
4. Wallace S, Gianturco C, Anderson JH, Goldstein HM, Davis JL, Bree RL. Therapeutic vascular occlusion utilizing steel coil technique: clinical application. AJR 1976; 127:381-387.
5. Mazer MJ, Baltaxe HA, Wolf GL. Therapeutic embolization of the renal artery with Gianturco coils: limitations and technical pitfalls. Radiology 1981; 138:37-46.
6. Debrun G, Lacour P, Vinuela F, Fox A, Drake CG, Caron JP. Treatment of 54 traumatic carotid-cavernous fistulas. J. Neurosurg 1981; 55:678-692.

Radiology

November 1986
Volume 161 [illegible]

THE RADIOLOGICAL SOCIETY OF NORTH AMERICA

72nd Scientific Assembly and Annual Meeting
Chicago, November 30–December 5, 1986

Pediatric Radiology

Medical Physics

Technical Developments and Instrumentation

Editorials

Opinion

Letters to the Editor

Abstracts of Current Literature

Book Reviews

PTO/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT ($) 180.00

Complete if Known	
Application Number	09/625,627
Filing Date	July 25, 2000
First Named Inventor	Daniel R. Kurz
Examiner Name	W. Lewis
Group Art Unit	3731
Attorney Docket No.	MICRU:55322

METHOD OF PAYMENT

1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 06-2425

Deposit Account Name: FULWIDER PATTON LEE & UTECHT, LLP

[X] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

[X] Applicant claims small entity status. See 37 CFR 1.27

2. [X] Payment Enclosed:

[X] Check [ ] Credit card [ ] Money Order [ ] Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) ($)

2. EXTRA CLAIM FEES

			Extra Claims		Fee from below		Fee Paid
Total Claims		-20** =		X		=	
Independent Claims		- 3** =		X		=	
Multiple Dependent						=	

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) ($)

***or number previously paid, if greater; For Reissues, see above*

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for *ex parte* reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	180
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) ______________

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) ($)

SUBMITTED BY			Complete *(if applicable)*		
Name *(Print/Type)*	James W. Paul	Registration No. *(Attorney/Agent)*	29,967	Telephone	310/824-5555
Signature				Date	Feb. 12, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorizati n n PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

/IDER PATTON LEE & UTECHT, LLP 070573

ATE	INVOICE NO. OR REFERENCE	AMOUNT		BALANCE
-01	MICRU 55322	180.00	1231	
	TOTALS	180.00		

PLEASE DETACH STATEMENT BEFORE DEPOSITING

NOT CASH THIS CHECK UNLESS YOU CAN SEE "PROTECTED" IN BACKGROUND AND "CHECK PROTECT" ON REVERSE SIDE

WIDER PATTON LEE & UTECHT, LLP
ATTORNEYS AT LAW
) CENTER DRIVE, 10th FLOOR • (310) 824-5555
LOS ANGELES, CA 90045

WARNING
DO NOT CASH THIS CHECK UNLESS YOU SEE "PROTECTED" ON FACE AND "SECURE" ON REVERSE SIDE. HOLD AT AN ANGLE TO VERIFY.

DATE 2-12-01

16-3844
1220

CHECK NO. 070573

Mellon
1st Business Bank
GATEWAY TOWERS EAST
970 WEST 190TH STREET
TORRANCE, CA 90502

AMOUNT PAID
***180.00

XACTLY F.P.L.U. 180 DOLS 00 CTS

E
R OF Commissioner for Patents

AUTHORIZED SIGNATURE

070573 122038442 020 602813